Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I** SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE 🖂 OR **SMALL ENTITY** FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** 345.00 690.00 OR minus 20= **TOTAL CLAIMS** X\$9=X\$18= INDEPENDENT CLAIMS minus 3 =X39= X78= OR **MULTIPLE DEPENDENT CLAIM PRESENT** +260= +130= OR * If the difference in column 1 is less than zero, enter "0" in column 2 50 **TOTAL TOTAL** OR **CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY** OR **SMALL ENTITY** (Column 1) (Column 3) (Column 2) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE **TIONAL** RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE **AMENDMENT** FEE PAID FOR Total Minus X\$18= X\$ 9= OR Minus Independent X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL RATE **TIONAL** RATE **AFTER PREVIOUSLY EXTRA AMENDMENT AMENDMENT** FEE PAID FOR FEE **Total** Minus ** X\$18=X\$9=OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL ADDIT. FEE ADDIT. FEE (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL TIONAL AMENDMENT **AFTER PREVIOUSLY RATE** RATE **EXTRA** AMENDMENT PAID FOR FEE FEE Total Minus ** X\$ 9= X\$18= OR Independent **Minus** *** X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09	1496667

Total Fee Calculation

-	Fre Code	Total . # Claims	Number Extra	х	Fm	Fe: =	
	Sm/Lg.				Sm. Entity	Lg. Entity	Total
Bwic Filing Fee	201/101				_	690 .	690
Total Claims >20	203/103	-20=		X		<u>0 20 - </u>	<u>8</u> ()
Independent Claims >3	_ <u>201/202</u>		· · · · · · ·	х			
Mult Dep Claim Present	<u> </u>						
Smeparte	205/105						122
English Translation	139					F	130
707.1	•						·
TOTAL FEE CALCULA	אסוד.						820
Fees due upon filing ti	be application:						
5 -						•.	

Total Filing Fees Due = 82000 Less Filing Fees Submitted

BALANCE DUE 820.00